

Physicians' Adjustment to Retirement

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We address the questions, How do physicians adjust to and enjoy their retirement? What factors contribute to the well-being of retired physicians? A 60-item questionnaire mailed to 238 retired physicians in Los Angeles County with a 41.6% response rate assessed health, standard of living, relationships, activities, emotional difficulties, and general enjoyment. Health often improved after retirement, as did relationships with spouses and children. Standard of living was comfortable or better for most. Retired physicians engage in a wide range of interests and activities. Emotional difficulties are minimal and considerably reduced after retirement. Most physicians enjoy the freedom and activities of retirement and are happy. Fears of boredom and deterioration are unfounded.

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Whereas retirement a generation ago was scarcely considered an alternative except when physically mandated, today more and more physicians, disturbed by the increasingly onerous atmosphere of medical practice, are thinking about retirement. For most physicians, the contemplation of retirement generally is not pleasant. On the one hand, their removal from a profession that has preoccupied them intellectually and emotionally for a lifetime leaves them without important sources of personal gratification and validation. On the other is a popular perception of retirement as a life with nothing important to do, filled with boredom and an early death.

Relatively little is known about physician retirement—how well physicians adjust to this new phase of life, what they do with their time, and how happy they are. We found only two studies that had been done of retired physicians.^{1,2}

Our study was designed to answer the following questions: How well do physicians adjust to and enjoy their retirement? and What are the factors that contribute to the well-being of retired physicians? Specifically, the study investigated their health, standard of living, relationships, activities, emotional difficulties, and general satisfaction.

Methods

A 60-item questionnaire was mailed to 238 retired physicians in Los Angeles County, chosen at random from the retired section of the Los Angeles County Medical Association Directory. At the time the questionnaire was mailed, 2,124 physicians listed in the directory had changed their status from active to retired. Of the 238, 99 (41.6%) returned usable forms. Supplementing this information, we recorded interviews with 20 of these physicians, querying them in small groups about their retirement experiences.

The following specialties were represented: obstetrics and gynecology and internal medicine, 13 each; anesthesiology, 10; general surgery, 8; general practice, 6; psychiatry and radiology, 5 each; pediatrics and family medicine, 4 each; ophthalmology, cardiology, EENT, urology, and pathology, 3 each; neurology, orthopedic surgery, and otolaryngology (ENT), 2 each; and 1 each of allergy, radiation

oncology, preventive medicine and public health, and cardiovascular surgery. Six did not indicate a specialty.

The questionnaire, mostly consisting of Likert-type scale items, sought information about demographic and medical practice backgrounds. Retirement questions focused on their reasons for retiring, adjustment problems, health and well-being, and the status of their interpersonal relationships. Also included were how they spent their time and the degree of satisfaction with these activities.

Not all 99 physicians answered all questions. When percentages are cited, they are for physicians who did answer the specific question.

To assess whether the nonrespondents were similar or dissimilar to the respondents, we mailed a one-page questionnaire containing several items selected from the original questionnaire; 62 physicians responded to this mailing. Of these, 11 indicated that they had not responded to the earlier mailing because they were not fully retired. In addition, 3 had died, and 1 was incapacitated by a severe stroke.

A comparison of nonrespondents and respondents on selected items found little difference in age (72 and 71.5), male sex (96% and 91%), and preparations for retirement (27% of the nonrespondents had prepared extremely well, 52% fairly well, 13% less well, and 8% poorly; the equivalent figures for respondents were 25%, 52%, 16%, and 6%, respectively). Nonrespondents tended to be less healthy. Although a near equal number of nonrespondents (25%) as respondents (27%) reported excellent health, fewer had good health (33% of the nonrespondents and 52% of the respondents). More nonrespondents than respondents reported fair health (31% and 17%, respectively) or poor health (10% and 4%, respectively).

Nonrespondents also tended to be slightly less happy: 17% reported that life is wonderful, and another 54% were happy; 21% said life is "OK," and 8% were unhappy. The corresponding response for nonrespondents was 23%, 55%, 15%, and 7%. Yet, nonrespondents were more enthusiastic about retirement than the respondents. Of the former, 21% could recommend retirement enthusiastically; 56% said, yes, retirement is good; 21% were ambivalent; and only 2%

could not recommend it. Contrasting figures for respondents were 18%, 48%, 27%, and 6.5%. These figures suggest that our respondents were fairly representative of the larger population from which the sample was drawn.

Results

Of the 99 respondents, 90 were men, a sex distribution representative of their generation. Their mean age was 71.5 years. Most of them (79) had retired in the past 10 years. They had practiced an average of 35 years.

Health

Physically, 27 were in excellent health, 51 in good health, 17 fair, and 4 poor. Of respondents, 25 were vigorously active, 68 were mainly or moderately sedentary, and 6 were very limited. Although 26 had mentioned poor health as a primary reason for retiring and 14 as a secondary reason, only 16 said they had a medical problem now. Of respondents, 19 said their health was better or much better, and 15 said it was worse. After retirement they had a mean weight loss of 1 kg (2.4 lb); 40 had lost weight, 35 were unchanged, and 25 had gained weight.

Standard of Living

Income was comfortable or better for 74; 22 felt it was adequate; 4 said they were just scraping by. Many (78) felt they had prepared well for retirement; 16, just so-so; 6, poorly. Most (97) lived in their own house or condo, and all were pleased with their living arrangements.

Relationships

Of respondents, 80 were married, with the others either divorced (7), separated (1), widowed (8), or single (3). Of those living with their spouse, 34% found their relationship to be improved after retiring; for only 3% it had become worse. In this sample, 27 had an inactive sex life, 38 were occasionally active, 34 moderately active, and 1 "very active."

Most retirees had two or three children; the numbers ranged from none (8) to nine (2), and 98 found their children moderately to very supportive; 30 found their relationship with their children better since retiring, and only 1 found it worse.

Of these retired physicians, 69 believed they were introverts; 30 believed they were extroverts. Although 63 said they had a functioning support group of friends, only 57 felt the group was very important to them. When these retired physicians were asked what they had liked most about practice, only 24 mentioned patient contact.

Activities After Retirement

Retired physicians in our survey found enjoyment in many activities (Table 1). Only 13 found themselves doing "nothing." Retired physicians had few severe emotional difficulties, and what problems they had seemed better after retiring (Table 2).

Of these retired physicians, 75 enjoyed their retirement, and 49 said life was better since retiring. Only 7 did not enjoy their retirement and were definitely unhappy. The most frequent reasons given for not enjoying retirement were decreased intellectual stimulation, limited income, and missing associates.

Discussion

To date there have been few studies examining the factors affecting the well-being of physicians in retirement. In a study of 58 older Canadian physicians, Grauer and Campbell¹ found that few had hobbies, friends, or even close family relationships that might fill the void of an abandoned practice. Rowe surveyed 142 physicians in the Rochester, New York, area and found that good health and adequate

TABLE 1.—Activities Before and After Retirement

Activity	Frequently Engages in Activity, % (Rank Order)		Increase < Decrease > After Retirement, %
	After	Before	
Reading.....	84 (1)	74 (2)	10
Recreation.....	75 (2)	42 (8)	33
Family activities.....	75 (3)	65 (3)	10
Social activities.....	71 (4)	61 (4)	10
Art, hobbies.....	60 (5)	31 (9)	29
Travel.....	57 (6)	43 (7)	14
Watching television....	52 (7)	22 (11)	30
Yard work.....	47 (8)	25 (10)	22
Housework.....	36 (9)	19 (12)	17
Organizations.....	28 (10)	47 (5)	<19>
Professional activities...	28 (10)	100 (1)	<72>
Doing nothing.....	13 (12)	7 (13)	6
Teaching.....	11 (13)	46 (6)	<35>

income were the prime factors in successful retirement, along with active involvement in postretirement activities, especially nonmedical ones.²

Retirement affords physicians a chance to adopt a different view of life, a view that is slower, gentler, more peaceful, yet interesting and fulfilling, a life filled with new opportunities for exploring, for doing, and for being. For some, how-

TABLE 2.—Emotional Difficulties After Retirement

Problem	Reports Difficulty, %		Severe Difficulty, %	Difficulty Is Better Since Retirement, %	Difficulty Is Worse Since Retirement, %
	Always or Often	Sometimes			
Boredom....	8	13	6	32	17
Loneliness...	1	11	3	31	10
Depression...	5	13	3	40	16
Frustration...	4	10	2	48	12
Anger.....	2	14	0	47	8

ever, the change is fraught with regret and anxiety. Said one, "I hated it at first. I was not prepared for it." And another: "You have to get over the fact that you don't have to jump when the phone rings, and you miss terribly your close associations with doctors you met over the years."

One of the difficulties these physicians experienced was the loss of feelings of worth, of their important self-image as healer. They said, "I feel a loss. Perhaps in my self-image. [When I retired, I felt] I wasn't doing anything of much significance." "You go from being almost worshipped, and I use the word loosely, but people look up to you and they think that you're God; they know that you're not, but they hope you are because when they're sick, they want you to be, they need a miracle, they want a miracle. You go from that to going home and picking up your own dishes and taking them over to the sink." "There are times when one feels, at least I felt, that doing a few household chores and pulling a few weeds in the

front yard weren't quite as important as sewing up somebody's wounds." "Fear of retirement is the fear of losing identification as a doctor. There's a whole lot more to life. You have to get rid of your sense of identity as a physician."

Some, of course, did not succeed. But, surprisingly perhaps, most found no or little adjustment was necessary. "It took me one minute to make the change." "I went out from under a cloud into the sunlight."

When asked what they do, they responded: "For anyone who has a mind that has been working all their lives, the mind keeps working and will discover a subject upon which to work."

One of the major benefits was a change within themselves. The type A personality subsides. "I feel different internally. I'm not itchy-antsy-tense. As aggressive as I was." "I'm quite a different person than the SOB I was in those days. Now I'm only occasionally an SOB." "I get along better now with my children than I did when in practice. I remember when my oldest son graduated from high school and my kid won all the awards. I was the most surprised. I

had no idea about his status in school, anything. It came as such a shock to me. All this had been going on, and I had missed it. Our relationship now is far better."

In their new awareness, some physicians looked back and advised, "If doctors devote themselves to their practice, they haven't taken full advantage of the other wonderful things in life. There are other vistas they should permit themselves to experience."

It would appear that most fears of retirement are unfounded. Retired physicians generally enjoy their retirement and find life more satisfying afterward than before. Adequate income, reasonable health, and a happy spouse would appear to be prerequisites.

The last word on retirement perhaps should go to the physician who said, "I've never been so happy and content. These are the best days of my life."

REFERENCES

1. Grauer H, Campbell NM: The aging physician and retirement. *Can J Psychiat* 1983; 28:552-554
2. Rowe ML: Health, income, and activities of retired physicians. *N Y State J Med* 1989; 89:450-453